

# The Learning Community

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## Dietary Restriction Request

Personal or Religious Reasons

<b>Child's Name:</b> _____	<b>DOB</b> ____/____/____
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Please exclude the following food/food products from child's diet \_\_\_\_\_  
\_\_\_\_\_

due to family's personal or religious beliefs.

Supplement the child's diet with the following food/food products: \_\_\_\_\_  
\_\_\_\_\_

_____ Parent/Guardian	_____ Print	_____ Date
_____ Parent/Guardian	_____ Signature	